

Holdings:
Intercounty Title Co.
2050 45th Avenue
Highland, IN 46322

2000 019116

51589874N

Key# 28-57-1

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 MAR 21 AM 10:55

MOORE'S RECORDS
RECORDER

TRUSTEE'S DEED

THIS INDENTURE WITNESSETH, that the Grantor, KENNETH W. THORLEY, as Trustee under THE JAMES E. AND EVELYN V. THORLEY LIVING TRUST, dated October 28, 1998, and any amendments thereto, with life estates reserved to JAMES E. THORLEY and EVELYN V. THORLEY (Individuals), for and in consideration of No/100 Dollars, and other considerations in hand paid, CONVEYS and WARRANTS to ERIC O. RODE, the following described Real Estate in Lake County, Indiana, *to-wit*:

Lots 1 and 2 in Block 5 in Hollywood of Hammond, in the Town of Munster, as per plat thereof, recorded in Plat Book 19, Page 21, in the Office of the Recorder of Lake County, Indiana.

Subject to taxes for 2000 payable in 2001 and all subsequent taxes.

The James E. And Evelyn V. Thorley Living Trust Agreement was amended July 12, 1999, to name Kenneth W. Thorley as Co-Trustee with the authority to act on behalf of the trust without the consent of any other Trustee.

Said conveyance extinguishes the life estate reserved to JAMES E. THORLEY by virtue of KENNETH W. THORLEY's authority as Agent to convey any interest in real estate under the power of attorney executed by JAMES E. THORLEY, on July 12, 1999. EVELYN V. THORLEY is deceased.

Address of Real Estate: 7729 Hohman Avenue, Munster, Indiana 46321
Send Tax Statements to: 7729 Hohman Avenue, Munster, Indiana 46321

IN WITNESS WHEREOF, Grantor has caused this Deed to be executed this 14th day of MARCH, 2000.

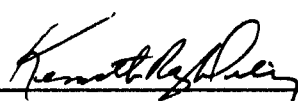

KENNETH W. THORLEY, TRUSTEE


JAMES E. THORLEY by KENNETH W. THORLEY, POA

STATE OF CALIFORNIA)
) SS:
COUNTY OF VENTURA)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared KENNETH W. THORLEY, who acknowledged the execution of said Deed, to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 14th day of MARCH, 2000.

MY COMMISSION EXPIRES:
MAY 11, 2003

Notary Public: KENNETH RAY DICKEY
Resident County: VENTURA



This instrument prepared by: Alicia Gloyeske, Attorney At Law, 725 North 400 East, Valparaiso, IN 46383, (219) 464-9224
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

MAR 21 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

16
cm
J# 200871 JH

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. *269-94*

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

1 DECEASED—NAME (First, Middle, Last) Evelyn V. Thorley		2 SEX Female	3a TIME OF DEATH 7:50A_M	3b DATE OF DEATH (Month, Day, Yr) April 15, 1999
4 *SOCIAL SECURITY NUMBER 328-18-1683	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 12, 1921
7 BIRTHPLACE (City and State or Foreign Country) Calumet City, IL	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 7729 Hohman		9c CITY, TOWN OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) James Thorley		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during major part of working life. Do not use retired) Teller	
12b KIND OF BUSINESS/INDUSTRY Bank				
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Munster	13d STREET AND NUMBER 7729 Hohman	
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		College (1-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) William Biederstadt		19 MOTHER'S NAME (First, Middle, Maiden Surname) Emma Schultz		
20a INFORMANT'S NAME (Type/Print) James Thorley		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7729 Hohman Munster, IN 46321		20c Relationship Husband
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 19, 1999 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, IN
22a EMBALMER'S NAME John T. Noble		22b EMBALMER'S LICENSE NO 9000031	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 1021590	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #300496 8415 Calumet Munster, IN 46321	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Coronary Vascular Hemorrhage DUE TO (OR AS A CONSEQUENCE OF) b Essential Hypertension DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d				Approximate Interval Between Onset and Death 10 MIN 10 YRS
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypothyroidism				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No
28a WAS AN AUTOPSY PERFORMED? (Yes or no) No				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated				
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Edward M. Williams, M.D.			29c MEDICAL LICENSE NO X01018725	29d DATE SIGNED (Month, Day, Year) April 15, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) E. Aht, M.D., 7550 Hohman Munster, IN 46321				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> Alexander S. Williams, M.D.				32 DATE FILED (Month, Day, Year) APR 15 1999
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE INJURY		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) APR 15 1999		
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Alexander S. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER		

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER